STATE OF MONTANA
DEPARTMENT OF LIVESTOCK
Animal Health Division
PO Box 202001
Helena, MT 59620-2001
Ph (406) 444-2043   FAX (406) 444-1929

APPLICATION for LICENSED FEEDLOT FACILITY

Please print or type legibly

NAME: _____   PHONE: _____
ADDRESS: _____   CELL PHONE: _____
          FAX NUMBER: _____
CITY, STATE, ZIP: _____   COUNTY: _____
PHYSICAL   NAME OF
LOCATION: _____   FEEDLOT: _____

This licensed feedlot facility will obtain bulls for feeding from (check all that apply):

☐ Private   ☐ In-State   ☐ Out-of-State (*please list states of origin*) _____

☐ Market   Market Name and Town: _____   _____

_____

I certify that all bulls entering this feeding establishment under this program will be officially identified by a USDA silver identification tag or breed registry tattoo and will not be resold or released from this facility for breeding purposes. All bulls entering without a trichomoniasis test will be treated as a positive test status bull. Any bull having tested positive to trichomoniasis within Montana must be branded with a "V" on the right tailhead in addition to the official identification.

Bulls leaving this facility will be consigned directly to a slaughter establishment or an approved livestock auction market and resold for slaughter only. No bulls shall be commingled at this facility with sexually intact females. Bulls for feeding may be castrated at any time. Any positive bulls that are castrated must be tracked for verification that they have been slaughtered or castrated. Bulls must be kept in this facility for a minimum of 30 days.

I understand that my facility may be inspected for compliance of adequate yarding facilities and compliance by an authorized representative of the Montana Department of Livestock. Non-compliance with restrictions placed on bulls of unknown and positive Trichomoniasis status may result in a review or revocation of my application.

As a licensed Trichomoniasis Feedlot Facility, I must renew my application annually and that this license will expire December 31st of the calendar year in which it was issued.

_____   _____
Signature of Feedlot Owner or Manager   Date

_____
Printed name of Feedlot Owner or Manager

FOR OFFICE USE ONLY

License Number _____   Issue Date: _____   Expiration Date: *December 31, 2007*

(04/07)